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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*NONE, J.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE, J.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

## \*\* SMALL ENTITY \*\*

\*\* 05/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	CA	DRAWING 2	CLAIMS 17	CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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## TITLE

Pedicure chair spa with footrest

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